

- papillomavirus capsids. *Vaccine* 2001;**19**:1783-93.
- 10 **Lehtinen M**, Paavonen J. Efficacy of preventive HPV vaccination. *Int J STD AIDS* 2001;**12**:771-6.
 - 11 **Kaufmann AM**, Nieland J, Schinz M, *et al*. HPV16 L1E7 chimeric virus-like particles induce specific HLA-restricted T cells in humans after in vitro vaccination. *Int J Cancer* 2001;**92**:285-93.
 - 12 **Hilleman MR**. Overview of the pathogenesis, prophylaxis and therapeutics of viral hepatitis B, with focus on reduction to practical applications. *Vaccine* 2001;**19**:1837-48.
 - 13 **Huang KY**, Lin S-R. Nationwide vaccination: a success story in Taiwan. *Vaccine* 2000;**18**:535-8.
 - 14 **Elfgren K**, Bistoletti P, Dillner L, *et al*. Conization for cervical intraepithelial neoplasia is followed by disappearance of human papillomavirus deoxyribonucleic acid and a decline in serum and cervical mucus antibodies against human papillomavirus antigens *Am J Obstet Gynecol* 1996;**174**:937-42.
 - 15 **Cuzick J**, Sasieni P, Davies P, *et al*. A systematic review of the role of human papillomavirus testing within a cervical screening programme. *Health Technol Assess* 1999;**3**:1-196.
 - 16 **Zinkernagel RM**, LaMarre A, Ciurea A, *et al*. Neutralizing antiviral antibody responses. *Adv Immunol* 2001;**79**:1-53.
 - 17 **Lehtinen M**, Kibur M, Luostarinen T, *et al*. Prospects for phase III-IV HPV vaccination trials in the Nordic countries and in Estonia. *J Clin Virol* 2000;**19**:113-22.
 - 18 **Juni P**, Altman D, Egger M. Assessing quality of controlled clinical trials. *BMJ* 2001;**323**:442-6.
 - 19 **Garnett GP**, Waddell H. Public health paradoxes and the epidemiological impact of an HPV vaccine. *J Clin Virol* 2000;**19**:101-12.

Authors' affiliations

M Lehtinen, **J Dillner**, National Public Health Institute, Helsinki, Finland, and Department of Medical Microbiology, University of Lund, Malmö, Sweden

Correspondence to: Dr M Lehtinen, Department of Infectious Disease Epidemiology, Mannerheimintie 166, FI 00300 Helsinki, Finland; llmale@uta.fi

Editorial

The year ahead

Mohsen Shahmanesh

We have introduced some new sections with the aim of adding value to the journal. *Update* has replaced the *Recent Publications* section and hopes to bring expert critical summary of topic based important recent publications—pelvic inflammatory disease on this occasion. An impending tropical disease section, edited by David Lewis, will provide state of the art summaries of diagnosis and management of these conditions, embracing also issues faced in resource poor settings.

Later this year we will begin our interactive CME section, based on "grey cases." Sarah Edwards will be heading this section helped by Richard Lau. We are negotiating with the Royal College of Physicians to gain CPD recognition. Our expanded editorial board have all promised to provide us with either an *Update* or a review article, and we are waiting for these to roll in.

IMPACT FACTOR

Finally to the issue of impact factor, with which our funding authorities appear so infatuated. After disappearing into the ether as a result of our name change we have re-emerged with an unprecedented factor of 2.1 (fig 1). For those who may not be too familiar with it let me clarify the mathematical conjuring tricks which resulted in that figure. Impact factors are derived by dividing all the citations of the previous 2 years by the number of articles published in a given journal. There are a

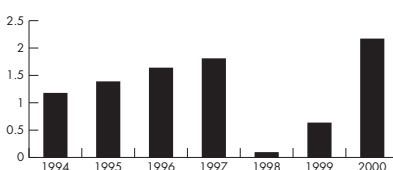


Figure 1 Impact factor of STI.

few exceptions. For example, letters count as citations but not as articles. When conference abstracts are cited, an increasing and questionable practice, they are considered bona fide citations though the original abstract is not counted as a publication. The same is true for supplements.

You can see where this illogical juggling leads: journals with a large correspondence, or which publish conference abstract and supplements do well. More questionably, clinical journals do worse than pure science journals. This is because clinical research takes longer to perform than laboratory based research. Hence the "impact" of clinical studies is longer—and certainly way beyond the arbitrary 2 year cutoff point. The final point to make is that the impact factor usually reflects the "impact" of one or two articles with high citations and is therefore more realistically the impact factor of an article rather than the journal as a whole. As you see, this is an imperfect measure of the quality of a journal. But it is all we have. The Americans, rightly I think, ignore it. The rest of the world are unnaturally wedded to it.

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